broadly similar to the Uruguayan population. Forty four percent of the subjects reported no problems on any of the five EQ-5D-5L dimensions. Older respondents reported more problems in all dimensions. Mean self-reported VAS was 79.63 (SE 0.58); it decreased with age and was lower in women. As OLS model showed logical inconsistencies, robust modelling was chosen to derive social values. Values ranged from -0.264 to 1. States with a misery index=6 had a mean value of 0.965. When comparing the prediction for a misery index=6 in the Uruguayan population with the Argentinian EQ-5D-5L crosswalk value set, the Uruguay values are about 0.05 higher. The mean index value for the general population in Uruguay, using the final main effects Uruguayan EQ-5D-5L value set, is 0.895. In general, older people had worse values and males had slightly better values than females. **CONCLUSIONS:** We derived the EQ-5D-5L Uruguayan value set, the first in Latin America. These results will help inform decision-making using economic evaluations for resource allocation decisions.

PP3

COST-EFFECTIVENESS ANALYSIS FOR CERVICAL CANCER SCREENING USING HPV TESTS IN BRAZIL

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OBJECTIVES: The aim of this study is to estimate the cost-effectiveness of cervical cancer primary screening with HPV PCR tests in Brazil. **METHODS:** A Markov model captured the outcomes of 1,000 non-hysterectomized women ages 25 years and older who transitioned annually across possible health states and were screened over a 45-year period in Brazil. This model was used to compare three strategies: (1) cytology alone (2) Pooled HPV with reflex cytology (3) HPV with 16/18 genotyping and reflex cytology, from a payer's perspective. The one-way and probabilistic sensitivity analyses were performed. Additionally, the screening and cancer treatment costs were calculated according to DATASUS 2012 (Departamento de Informática do Sistema Único de Saúde - Brazil) public data, in Brazilian Real (BRL) and discounted at an annual rate of 5%. **RESULTS:** The primary screening with the strategy (3) HPV with 16/18 genotyping and reflex cytology, results in earlier detection of clinically relevant high-grade CIN (Cervical Intraepithelial Neoplasia) at the initial visit along with efficient use of healthcare resource in Brazil. In addition, the model suggested an Incremental Cost Utility Ratio (ICUR) and Incremental Cost Effectiveness Ratio (ICER) of 13,266 R$/QALY and 51,389 R$/LYG, respectively, comparing the strategies (3) to (1), whereas, the strategy (2) was dominated by strategy (3). **CONCLUSIONS:** The current analysis indicated that the HPV with 16/18 genotyping test (strategy 3) is cost-effective for primary cervical cancer screening in women aged ≥25 years in Brazil due to the ICER ≤ 3 Brazilian GDP per capita, according to the World Health Organization's recommendations.

PP4

AN UNDEVELOPED PICTURE: THE AVAILABILITY OF UTILITY VALUATIONS IN LATIN AMERICA – HOW WILL THEY AFFECT QALYS?

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OBJECTIVES: Health Technology Appraisal processes in Latin American countries are of increasing importance. For decisions made on the basis of cost per quality-adjusted life year, the utility inputs used in the economic model are typically influential on the outcome. Utility valuations vary from country to country and we therefore sought to review the availability of valuations for Latin American countries. **METHODS:** Using PubMed, a structured search was conducted to identify which of the common generic, preference-based instruments had valuations for Latin American countries. The instruments included in the search were EQ-5D, SF-6D and HUI. Identified studies were retrieved in full text and, where extant, valuations of each instrument across different countries were compared. **RESULTS:** The review identified no HUI valuations, one SF-6D valuation (in Brazil) and three EQ-5D valuations (in Argentina, Chile and Brazil). The three EQ-5D valuations all used time trade-off methodology but the sampled states used differed such that only 13 states had an observed value across all three studies. Visual comparison of these observed states revealed considerable divergence of the Chilean valuation from the Brazilian and Argentinian valuations in the lower health states. This trend remained when the final modelled values for the full set of EQ-5D health states were plotted. Divergence increased in worse states, producing greater utility differences between states in Chile. **CONCLUSIONS:** There are currently a limited number of valuation sets available in Latin America. Only EQ-5D has multiple valuations to allow inter-country comparison, revealing clear differences. Such noticeable variations between countries in the value of changing health states make it unlikely that cost-utility analyses are generalisable in the region, affecting pricing and reimbursement decisions. Further work therefore remains to generate valuation sets for other countries in Latin America to allow an understanding of how reimbursement may be affected by increasing use of HTA.

RESEARCH ON METHODS STUDIES

RM1

STANDARDIZATION PROCESS OF RAW DATASUS AND CONSUMPTION ANALYSIS OF ONCOLOGY THERAPIES IN THE BRAZIL PUBLIC HEALTH CARE SYSTEM: A COMPARISON BETWEEN RAW AND STANDARDIZED DATASET IN COLORECTAL AND LUNG CANCER

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OBJECTIVES: To compare results of oncology drugs consumption extracted from DataSUS raw database with those obtained after standardizing and cleaning database fields. **METHODS:** We used the SUS database available from DataSUS FTP and standardized the oncology treatment fields available in the specific oncology database (DataSUS AQ). Standardization included harmonization of different names used for the same drug name (i.e., cetuximab, cetux, cetukimabe and ketuxim), including generic and brand names. We also converted acronyms use in NCCN and MOC Brazil guidelines to the generic name (i.e.: fluoracil and 5FU; irinotecan and CPT-11). We created a new standardized table with additional fields (regimen name, drugs used, adjuvant therapy and a high/low cost flag). For this analysis we filtered by APAC (High complexity procedures approval) code for colorectal cancer (CRC) and lung cancer (LC) from 2012 to 2014. All blank or not identified regimens were excluded from this analysis. The final sample was composed by 50,729 CRC and 23,525 LC records. **RESULTS:** It was compared the total number of regimens available at raw data and those standardized. Regarding CRC regimens we found 7,698 different treatments in the raw database and 82 in the standardized dataset, a considerable reduction. In raw data, the most frequent regimen was FOLFOX representing 7.9% of all records, in contrast to standardized dataset where FOLFOX regimen represented 33.6% of all records. We found 262 records written in different ways in the raw database that referred to FOLFOX. Analyzing LC records, the most frequent regimen in raw data was carboplatin+taxo representing 3.1% of LC APACs claims in comparison to the standardized dataset where carboplatin+taxol represented 27.6% of all claims; 278 raw records had different names referring to carboplatin+taxol. **CONCLUSIONS:** DataSUS can be a reliable source on oncology consumption therapies after standardizing data fields that were originally introduced by manual typing.

RM2

EXTRACTING AND USING DATA FROM ELECTRONIC MEDICAL RECORDS (EMR) TO MONITOR QUALITY OF CARE AND PRESCRIPTION PATTERNS FOR DIABETES PREVENTION AND CONTROL IN OUTPATIENT CLINICS OF LOW AND MID RESOURCES COUNTRIES: THE CASE OF COLIMA, MEXICO

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OBJECTIVES: Evaluate the possibility of extracting data from the EMR used by the Health Services of Colima, Mexico and use it to assess the quality of care and prescription patterns for Diabetes prevention and control in outpatient clinics. **METHODS:** A copy of the entire EMR database, including personal identification variables, was obtained from the Health Services of Colima. A data verification and validation process was carried out including checking for EMR duplicity using Structured Query Language (SQL) and phonetic algorithms. A flat table for each patient's encounter with the health services was constructed in order to have a longitudinal record along with vital signs, diagnostic and control tests as well as drugs prescribed. Each encounter was then coded to reflect in a single character string the main variables of diabetes care: number of visit after diagnosis, glucose measurement, drugs administered, as well as eye and feet examination. **RESULTS:** The EMR in Colima initiated its operation in 2005 as a pilot in 3 clinics, in 2010 it covered about 50% of the state's clinics (55) and in 2013 reached 100%: 117 clinics. A total of 393,398 records were extracted and consolidated with 2,271,251 outpatient visits in the period 2005 – march 2014. The age and sex structure of the population in the EMR was very similar to that of the 2010 population center for the state. Eleven percent of the population eighteen or older in the database was diagnosed with diabetes; only 45% of these had at least one glucose exam and only 16% were taking insulin. The most frequent medication prescribed was metformine. **CONCLUSIONS:** The use of data from EMR is suitable to evaluate quality of care and prescription patterns in the prevention and control of diabetes mellitus. Continuing monitoring established quality parameters and prescription may help to improve quality.

RM3

COMPARISON OF SOCIAL EQ-5D TIME TRADE-OFF VALUES IN CHILE 2008-2013: DO GEOGRAPHICAL DIFFERENCES REALLY MATTER?

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OBJECTIVES: To evaluate differences in social values collected in the Chilean EQ-5D valuations surveys of 2008 and 2013 using the time trade-off method (TTO). **METHODS:** Responses from a total of 3701 individuals who participated in the 2008 and 2013 Chilean EQ-5D valuation surveys were analyzed to assess differences in TTO values from 31 health states between both studies adjusting for gender, age and educational attendance. Differences were explored using several ordinary least square (OLS) regression models taking into account sampling weights. Variations of TTO values between the Metropolitan Region (MR) and the rest of the country were evaluated using data only from the 2013 survey adjusting not only for socio-demographic characteristics, but also for other variables known to have an effect on respondent´s values such as self-reported health status, marital status and level of difficulty answering the TTO questionnaire. **RESULTS:** A basic regression model showed significant differences (p value <0.001) between both surveys indicating that 2008´s TTO values collected only in the MR were lower than 2013´s TTO values collected alongside the whole country. These differences remain after adjusting for confounding variables. Exploring possible determinants of geographical differences at individual level based on 2013 data, only years of education and a high level of difficulty answering the TTO questionnaire appeared to have a significant effect on valuations (p value <0.001). However, those effects were marginal and do not fully explain the differences found between TTO values collected in the MR and the rest of the country. **CONCLUSIONS:** Our findings support the idea that cultural/geographical differences could have a significant impact on social values within-country. These differences constitute an important factor that should be taken into consideration when designing and analyzing results from these types of studies on a national level. Further international research is required to improve knowledge on this topic.